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Under the Pap	enwork Reduction Act of 1995, no	persons are required to resp	Approve U.S. Patent and Trademark and to a collection of information.	d for use through 10/31/2002, OMB 0651-0032 Office; U.S. DEPARTMENT OF COMMERCE unless it contains a valid OMB control number.
	ECLARATION AND	J	orney Docket Number	CRD-5068 USANP
POWER OF ATTORNEY FOR UTILITY OR DESIGN		Fir	st Named Inventor	Robert Falotico et al.
PATE	NT APPLICATION		COMPLE	TE IF KNOWN
	37 CFR 1.63)		olication Number	10/796,397
Declaration Submitted Initial Filing	OR Initial Filing	Submitted after (Surcharge Filisi(e)) required)	ng Date	March 9, 2004
			up Art Unit	1614
As a below named inven	tor. I hereby declare t	Exa	miner Name	Not Assigned
My residence, mailing add I believe I am the original, plural names are listed bel entitled:	TIEST and sole inventor (fonly one name is li	otad halassi a a a a a a a	al, first and joint inventor (if sought on the invention
	IVERY OF TOPOTECA FOLL	AN IN COMBINATIO OWING VASCULAR (Title of the Inventi	RINJURY	TO PREVENT RESTENOSIS
the specification of which				
is attached hereto				·
OR				
14411001	YYYY) 03/09/2004 as t		ition Number or PCT Int	ternational Application
I hereby state that I have re amended by any amendment	viewed and understand nt specifically referred to	the contents of the above.	above identified specific	ation, including the claims, as
I acknowledge the duty to di continuation-in-part applicat and the national or PCT inte	ivns, material intermatic	ili which hacama av	allabla babwaan tha £li-	7 CFR 1.56, including for g date of the prior application
priority is claimed.	ited below and have als	o identified below b	n designated at least or	ne country other than the
Prior Foreign Application Number(s)	Country	Foreign Filing D (MM/DD/YYYY		Certified Copy Attached? YES NO

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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PATENT B TR

DECLARATION - Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: Application Serial No. Filing Date Status I hereby appoint: Place Customer Practitioners at Customer Number 000027777 Number Bar Code Label Here AND Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Address all telephone calls to Carl J. Evens at telephone number (732) 524-2518. Customer Number Direct all correspondence to: or Bar Code Label 000027777 OR ☐ Correspondence address below Name: Address: Address: City: State: ZIP Country Telephone: Fax:

Jun 1 Trus

City

Belle Mead

Libereby declare that all statements made herein of my own knowledge are true and that all statements made on finformation and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) Robert or Surname Falotico Inventor's Signature Residence: City Belle Mead State NJ Country USA CitizenshipUSA Mailing Address 40 Black Horse Run City Belle Mead State NJ ZIP 08502 Country USA I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) Tom Jay or Surname Parry Inventor's Signature Residence: City Hellertown State PA Country USA Citizenship USA Mailing Address 1452 Bette Lane Hellertown State PA **ZIP** 18055 Country USA I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor Given Name Family Name (first and middle [if any]) Jonathon Z or Surname Zhao Inventor's Signature Date Residence: City Belle Mead State NJ **Country USA** Citizenship USA Mailing Address 12 Briar Hill Court

State NJ

ZIP 08502

Country USA